

## DEVELOPMENTAL DISABILITIES ADMINISTRATION

# Long Term Services and Supports Transition Strategy

Patricia Sastoque, Director of Programs

Rhonda Workman, Director of Federal Programs

Valerie A. Roddy, Director -Fiscal Services and Operations



MARYLAND  
Department of Health

# *Developmental Disabilities Administration*

---

# **Welcome**

# Today's Purposes

---

- To share updates on the DDA transformation
- To share components being considered for new rates under the fee-for-service payment system
- To share what needs to be done to implement this part of the transformation
- To share language being added to waiver service descriptions for Amendment #2

# Today's Process

---

- Be respectful of each other
- Come to microphone to share your question or suggestion
- Limit of one comment at a time so all have the opportunity to ask a question or share a suggestion
- To protect confidentiality and provide individualized support, please speak with DDA staff after the presentation regarding person specific challenges, concerns, and other assistance needed

# DDA's Regional Offices

---

Region Office	Counties Served	Phone
Michael Bryan, Acting Director Central	Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County	410-234-8200 TDD: 877-874-2494
Kimberly Gscheidle, Director Eastern	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties	410-572-5920 TDD: 1-800-735-2258
Judy Pattik, Director Southern	Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties	301-362-5100 TDD: 1-888-207-2479
Cathy Marshall, Director Western	Allegany, Carroll, Frederick, Garrett, and Washington Counties	301-791-4670 TDD: 1-888-791-0193

# Agenda

---

- DDA Overview
- Transformation
  - Rate Study
  - Long Term Services and Supports
- Waiver Amendment #2
- Next Steps
- Questions

# **Developmental Disabilities Administration**

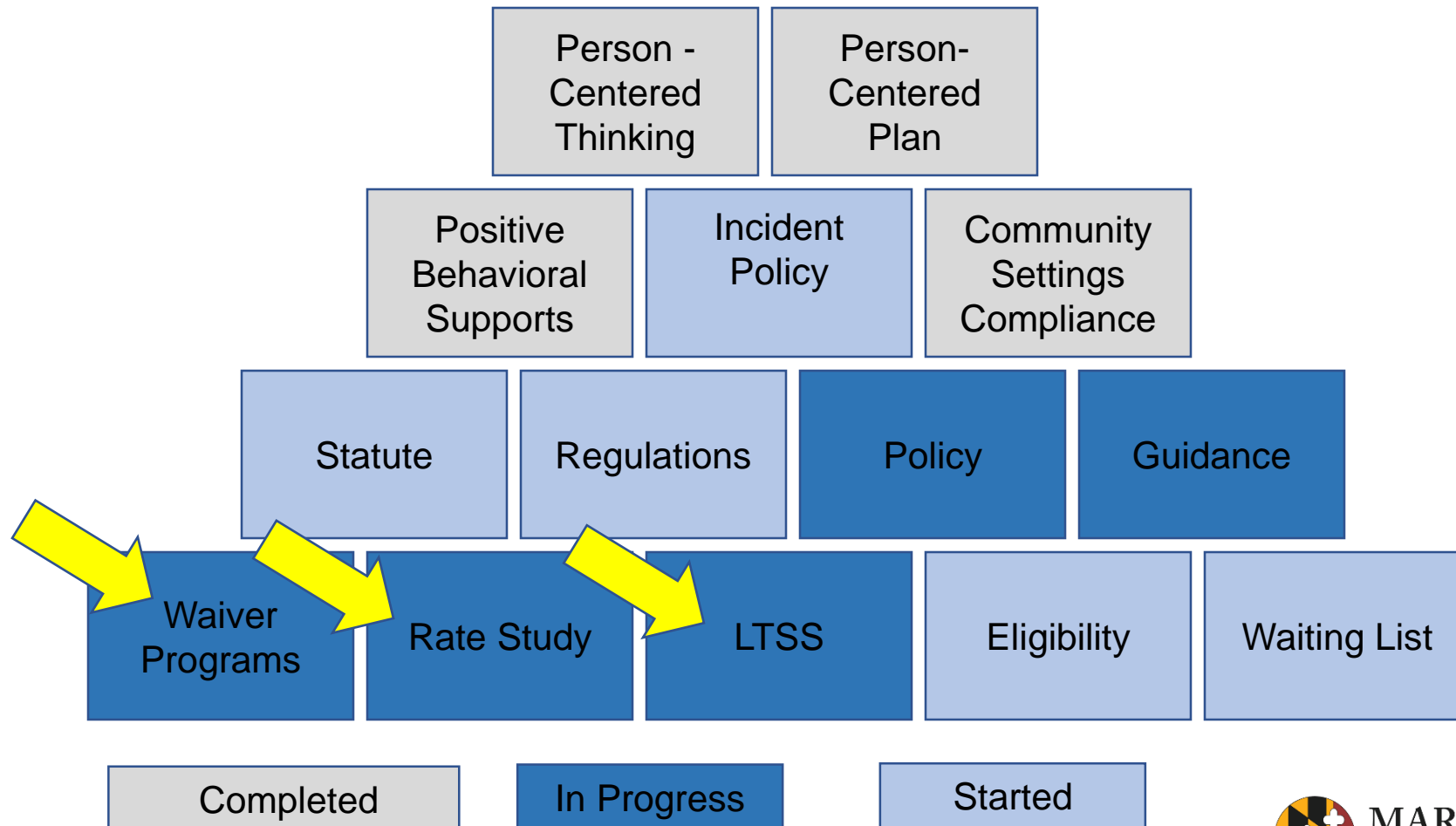
---

- We believe that ALL people have the right to live, love, work, learn, play and pursue their life aspirations in the community
- We partner with people with developmental disabilities and families to provide support and resources to live fulfilling lives
- We provide a coordinated service delivery system to enable children and adults with intellectual and developmental disabilities and families to work toward self-determination, interdependence, productivity, integration, and inclusion in all facets of community life across their lifespans
- We are one of many resources, services and supports available to assist individuals and families as they build their lives toward their vision of the “Good Life”

# The Big Picture

---

## Foundation Blocks





# Rate Study

---

## Rate Setting Study:

- Mandated by 2014 legislation
- Transition from prospective payment system to reimbursement model (i.e. fee-for-service model)
  - Phase I—Study report was released on Nov. 3, 2017
  - Phase II— January 2018 to present
    - Verify and validating source documentation and assumptions
    - Work with providers on specific concerns to finalize structure and rates

# Rate Study

---

- Rates for new services were developed using the Brick™ Method
  - Federally recognized system approach to development of rates for difference services
- Identifies and analyzes groups of costs referred to as “components”
- Bricks developed at individual service level to select appropriate components
- The foundation of the Brick is direct support staff wage
- Bricks adjusted for service interruption when applicable
  - Program closures (e.g. weather-related closings)
  - No-Shows (i.e. person refuses service)

# Rate Study

---

## Components of Brick

- Direct Support Wage (e.g. Bureau of Labor Statistics)
- Employment Related Expenses (expenses common to all providers)
- Program Support (e.g. supplies, equipment, clinical)
- Training of provider staff
- Transportation related to the service
- Facility Cost (associated with operation of buildings)
- General and Administrative

# Rate Study

---

## **Direct Support Wage** (e.g. Bureau of Labor Statistics)

- Wage paid to employee directly providing a DDA service

### Include:

- Wages for Direct Support Professionals
- Holidays Worked

# **Rate Study**

## **Employment Related Expenses**

---

Include:

- Insurance
  - FICA
  - FUTA
  - Unemployment
  - Workers Compensation
- Benefits
  - Tuition Reimbursement
  - Retirement Programs
  - Profit Sharing
- Paid Time Off (i.e. Vacation/Holiday/Other pay )

# Rate Study

---

## Program Support

Include:

- Supplies
- Supervision of services
  - Wages/Salaries for essential staff not directly providing a service
  - Even if these staff are interacting with clients (e.g. nurse case management)
  - Estimate share of time spent providing service for mixed roles (House Director, etc.)

# Rate Study

---

## Training

Include:

- Training hours for Direct Support Professional (DSP)
- Funding to support replacement staff while DSP is being trained
- Requirements listed in the waiver programs and regulations
  - Behavioral Support (e.g. Mandt)
  - Employment certification (e.g. discovery, job development)
  - Regulations (e.g. Medication Technician Training Program, Person-Centered Thinking, Community Integration and Inclusion, Incident Reporting and Abuse Prevention, Self Direction, etc.)
  - “Person specific” training

# Rate Study

---

## Transportation

Include:

- Costs incurred by transportation staff, transportation time, or other transportation-related costs
- Driver wages/salaries
- Share of DSP time commuting on the clock
- Vehicle costs
- Vehicle maintenance and insurance
- Other transportation costs (tickets, rentals, etc.)



# Rate Study

---

## Facility Cost

Include:

- Costs for running a facility where services are offered
  - Rent (for service facility)
  - Mortgage (for service facility)
  - Maintenance (for service facility)
  - Insurance (for service facility)
  - Taxes (for service facility)
  - Utilities (for service facility)

# Rate Study

---

## General and Administrative

Include:

- Costs irrespective to line of business, common to most businesses:
  - Office rent
  - Office utilities
  - Office supplies
  - Management and Executive salaries
  - General Insurance
- DDA policy: 12% of total costs

# Rate “*Example*”

- Cost (*example only*) to provide an hour of service: Brick
- Some components may be replaced by policy decision if inadequate
  - General and Administrative (12%) and Training (based on waiver requirements)

	Direct Support Professional	Employee Related Expenses	Program Support	Training <sup>1</sup>	Transportation	Facility	Service Component Subtotal	G&A <sup>1,2</sup> (Gross Up)
BLS Data	\$ 15.00							
General Ledger Relativities		30%	50%	1%	20%	40%		10 %
Policy Decision Relativities				8%				12%
Brick Component Value	\$ 15.00	\$ 4.50	\$ 7.50	\$ 1.20	\$ 3.00	\$ 6.00	\$ 37.20	\$ 42.27

# **Long-Term Services and Supports**

## **Transition of DDA's current information technology platform to Medicaid Long-Term Supports and Services (LTSS)**

- Release 1—July 1, 2018
  - Intake and Eligibility, Waiting List, Case Management, Person Centered Plan
- Release 1.1 – September 2018
  - Additional Case Management Reporting
- Release 1.2 – July 2019
  - Detailed service authorization for all waiver services
- Release 2—August 2019
  - Billing for community-based services

# **LTSS Implementation**

---

## **Release 2.0 –August 2019**

- Key Dates:
  - December 2019 – Pilot Implementation
  - January 2020 – Service Providers will be able to view and approve PCP's
  - July 2020 – Fully operationalize use of LTSS by Service Providers to view, accept service referrals, and bill for services
- Major Functionality
  - PCP electronic acceptance by service providers
  - Service activity entry for billing

# LTSS Implementation

---

## Release 2.0 Billing Pilot

- Objectives
  - Test full billing functionality in LTSS and Medicaid Management Information System (MMIS) prior to it going live for all providers to ensure fiscal payment strategy build within LTSS functional and reduce risk of payment issues
  - Keep the pilot small to ensure that there are adequate resources to quickly resolve issues, if they arise
- To support this billing pilot, legislation was introduced and passed during the 2019 Legislative Session

*DDA's Waivers*

---

# **Amendment #2**

# **Why are amendments needed?**

---

- To describe the transition plan to the new fee-for-service payment methodology
- To conduct the pilot to test the billing functionality of services
- To add information to service descriptions related to grouping and staffing
- To add procedure codes and associated rates related to grouping and staffing



# Services Affected

---

- Day Habilitation (Small and Large Groups)
- Community Living – Group Homes (Dedicated Supports 1:1 and 2:1)
- Supported Living – (Dedicated Supports 1:1 and 2:1)
- Personal Supports – (Enhanced Supports)
- Shared Living (i.e. Level 1, 2, and 3)

Revised 6/10/19

# Day Habilitation

---

- Helps with the development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities
- Staffing is based on level of service need including 1:1 and 2:1 supports
- Amendment #2 to include:
  - For the pilot group - Beginning December 2019, services will be available in small groups (i.e. 2 to 5 people) and large groups (i.e. 6 to 10) to support the development and maintenance of skills during community engagement and provider offered activities

# Day Habilitation

---

## Rate Assumptions:

### Small Group (2-5):

- Rate based on an average ratio of 1 staff to 3.5 people
- Rate includes a closure factor

### Large Group (6-10):

- Rate based on an average ratio of 1 staff to 7.5 people
- Rate includes a closure factor

# Community Living – Group Homes

- Helps with the development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a provider owned or operated community residential setting
- Staffing is based on level of service need
- Amendment #2:
  - No changes will be made to the service description as level of service needs includes dedicated supports for 1:1 and 2:1

# Community Living – Group Homes

## Rate Assumptions:

- Based on number of residents: 1-3, 4-5, and 6-8
- With or without overnight supervision
- Shared staff hours

### With Overnight Supervision

Number of People	1-3	4-5	6-8
Weekly Shared Hours	138	220	302
Shared Staff per Shift*	1	2	3

### Without Overnight Supervision

Number of People	1-3	4-5	6-8
Weekly Shared Hours	82	164	246
Shared Staff per Shift	1	2	3

# Community Living – Group Homes

Rate Assumption for Dedicated Hours:

- Separate rate for dedicated hours for 1:1 and 2:1
- Higher wage
- Higher percentage for training

# Supported Living

---

- Provides individualized services to support living independently in the community
- Helps with the development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in the person's own home
- Staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan
- Amendment #2:
  - No changes will be made to the service description as level of service needs includes dedicated supports for 1:1 and 2:1

# Supported Living

## Rate Assumptions:

- Rate structure is the same as Community Living-Group Home
- Based on number of people sharing an independent home or apartment and with or without overnight supervision
- Shared staff hours

### With Overnight Supervision

Number of People	1-3	4-5	6-8
Weekly Shared Hours	138	220	302
Shared Staff per Shift*	1	2	3

### Without Overnight Supervision

Number of People	1-3	4-5	6-8
Weekly Shared Hours	82	164	246
Shared Staff per Shift	1	2	3



# Supported Living

---

Rate Assumption for Dedicated Hours:

- Separate rate for dedicated hours for 1:1 and 2:1
- Higher wage
- Higher percentage for training

# Personal Supports

---

- Individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community in which the participant wishes to be involved, based on their personal resources
- Help with acquiring, and building, or maintaining the skills necessary to maximize their personal independence (i.e. in-home skills development and community integration and engagement skills development)
- Staffing is based on level of service need
- Amendment #2:
  - No changes will be made to the service description as level of service need. An enhanced rate will be used for people with complex health or behavioral assessed needs

# Personal Supports

---

Rate Assumption for Enhanced Support:

- Hourly rate
- Higher wage to support complex needs
- Higher percentage of training for behavioral and/or nursing care plans

# Shared Living

---

- Assistance, support, and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities, and use of community resources
- Nurse Case Management and Delegation Services and Transportation
- The type and amount of assistance, support, and guidance are informed by the assessed level of need
- Amendment #2:
  - Changes will be made to the service description to add details about the three-service levels

# Shared Living

---

## **Level 1: The person does not require continuous supervision and monitoring**

- May requires prompts to complete activities of daily living
- Requires assistance with medical appointments and medication
- Has no challenging behaviors or a behavior plan in place
- Participates in meaningful day or has a job
- Able to recognize and avoid dangerous situation
- Independently evacuate premises in case of fire, emergencies, etc.

# Shared Living

---

## **Level 2: The person requires increased levels supervision and monitoring**

- Requires moderate assistance for mobility support or gets around in a wheelchair
- Requires assistance with frequent medical appointments and medications
- Requires moderate assistance to complete activities of daily living
- May display challenging behaviors and has a behavior plan in place
- Participates in meaningful day or has a job
- Is not able to recognize and avoid dangerous situation
- Does not independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate

# Shared Living

---

**Level 3: The person requires ongoing supervision and monitoring to mitigate behavioral risk or provide health and safety supports**

- Requires maximum assistance for mobility support and gets around in a wheelchair or needs adaptive equipment for ambulation
- Requires maximum assistance for frequent medical appointments and medications, specialist or health intervention for health and safety. Health Risk Screening Tool (HRST) score is above 5 with a Q that is not related to behavior support
- Requires maximum assistance to complete activities of daily living
- May display severe challenging behaviors and may have a behavior plan in place
- Participates in meaningful day or has a job with supports or 1:1 supports
- Is not able to recognize and avoid dangerous situations
- Needs maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires support to evacuate

# Shared Living

---

## Rate Assumptions:

- Monthly stipend
- Includes administrative fee
- Three tiers of rates based on level of support



# Next Steps

---

- The DDA will provide an overview of the final proposed amendments on Friday, June 14, 2019 from 2:30 p.m. to 4:30 p.m. via a public webinar
- Information regarding the amendments will be posted on the DDA website dedicate page for Amendment #2 on or before June 14, 2019
- Future rates for all of the DDA waiver services will be based on rate study final budget impact analysis and future budget approval from the General Assembly

# Contact Information

---

- Valerie A. Roddy, Director – Fiscal Services and Operations
  - [valerie.rodny@maryland.gov](mailto:valerie.rodny@maryland.gov)
- Patricia Sastoque – Director – Programs
  - [patricia.sastoque@maryland.gov](mailto:patricia.sastoque@maryland.gov)
- Rhonda Workman – Director – Federal Program
  - [rhonda.workman@maryland.gov](mailto:rhonda.workman@maryland.gov)

# Questions

---

